



## TOWN OF STERLING

Office of the Town Clerk  
1 Park Street  
Sterling, MA 01564  
tel. 978-422-8111 x2307  
fax. 978-422-0289  
[www.sterling-ma.gov/town-clerk](http://www.sterling-ma.gov/town-clerk)

OFFICE HOURS  
Mon - Thu: 7:30 - 5:00  
Fri: 7:30 - 11:30

### DOG LICENSE APPLICATION AND RENEWAL FORM

**DUE DATE**  
**April 15, 2022**

**If you own a dog, it is time to register or renew your annual dog license.**  
If you no longer own your dog, please notify the Town Clerk's Office.

#### **BY MAIL or DROP OFF**

Complete the application form below, verifying owner information, street address, and pet description(s). Include rabies certificate(s) and a check or money order for the total payable to **Town of Sterling**. Do not send cash. Mail to the Town Clerk or drop off 24/7 at the grey box outside the Butterick Municipal Building at 1 Park Street.

#### **IN PERSON**

Come to the Office of the Town Clerk during office hours. Please bring rabies certificate and the completed application with you.

#### **ON-LINE**

Purchase or renew licenses online at **[www.doglicenses.us/MA/Sterling](http://www.doglicenses.us/MA/Sterling)**. Credit card payments only. Per license convenience fee applies. Rabies certificate(s) can be attached to the order during check-out. The on-line option is not yet available for Senior residents over seventy who qualify for a free license. These must be applied for in person or by mail.

Licenses are renewable yearly. Licenses are valid January 1 thru December 31. **No license can be issued for a dog not having a current rabies vaccination.** If you have any questions, please contact **Animal Control at 978-422-7331 or [AnimalControl@sterling-ma.gov](mailto:AnimalControl@sterling-ma.gov)**.

**Color Codes:** BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color

APPLICATION for the registration of dog(s) for the year 2022

Town of Sterling  
1 Park Street; Sterling, MA 01564

Age		Sex (M/F)	Spay / Neut	Color										Breed	Dog Name	Microchip Number	Rabies Expire (m/d/y)	Fee
YRs	MOs			BL	WH	GR	BD	TA	BR	YE	RE	TRI						
																Total		

#### **Owner Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
if different (e.g. PO Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date Signed \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_